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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	990304RI
	First Named Inventor	Pierre TRABUT
	Original Patent Number	6,257,893
	Original Patent Issue Date (Month/Day/Year)	July 10, 2001
	Express Mail Label No.	

APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

ACCOMPANYING APPLICATION PARTS

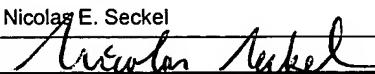
1. Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. Applicant claims small entity status. See 37 CFR 1.27.
3. Specification and Claims in double column copy of patent format
(amended, if appropriate)
4. Drawing(s) (proposed amendments, if appropriate)
5. Reissue Oath/Declaration (original or copy)
(37 CFR 1.175) (PTO/SB/51 or 52)
6. Power of Attorney
7. Original U.S. Patent currently assigned? Yes No
(If Yes, check applicable box(es))
 Written Consent of all Assignees (PTO/SB/53)
 37 CFR 3.73(b) Statement
(PTO/SB/96)
8. CD-ROM or CD-R in duplicate, Computer Program (Appendix)
or large table
9. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
a. Computer Readable Form (CFR)
b. Specification Sequence Listing on:
i. CD-ROM (2 copies) or CD-R (2 copies); or
ii. paper
c. Statements verifying identity of above copies
10. Statement of status and support for all changes to the claims. See 37 CFR 1.173(c).
11. Original Patent Grant
 Ribboned Original Patent Grant
 Statement of Loss (PTO/SB/55)
12. Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
13. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
14. English Translation of Reissue Oath/Declaration
(if applicable)
15. Preliminary Amendment
16. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. Other: Early Notification Postcard

17513 U.S. PTO
10/780549

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18. CORRESPONDENCE ADDRESS

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Name	WESTERMAN, HATTORI, DANIELS & ADRIAN, LLP		
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Name (Print/Type)	Nicolas E. Seckel	Registration No. (Attorney/Agent)	44,373
Signature			
Date	February 18, 2004		

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including the gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
990304RI

Claims as Filed – Part 1

	(1) Claims in Patent	(2) Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee		Rate
Total Claims (37 CFR 1.16(j))	(A) 21	(B) 21	**** 0 =	x \$ _____ =		or	x \$ _____ =
Independent claims (37 CFR 1.16(i))	(C) 5	(D) 5	* 0 =	x \$ _____ =			x \$ _____ =
			Basic Fee (37 CFR 1.16(h))		\$ 385.00		\$ _____
			Total Filing Fee		\$ 385.00	OR	\$ _____

Claims as Amended – Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee		Rate
Total Claims (37 CFR 1.16(j))	*** 21	MINUS	** 21	* = 0	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	*** 5	MINUS	***** 5	= 0	x \$ _____ =			x \$ _____ =
			Total Additional Fee		\$		OR	\$

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B – A); if "A" is 20 or less, use (B – 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

 Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account Number _____ in the amount of _____.
A duplicate copy of this sheet is enclosed. The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account Number 50-2866.
A duplicate copy of this sheet is enclosed. A check in the amount of \$ 385.00 to cover the filing/additional fee is enclosed. Payment by credit card. Form PTO-2038 is attached.

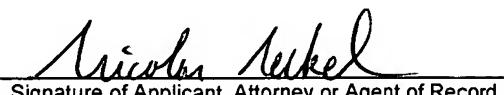
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

February 18, 2004

Date

44,373

Registration Number, if applicable


Signature of Applicant, Attorney or Agent of Record

Nicolas E. Seckel

Typed or printed name

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